

Missouri Department of Health and Senior Services
Child Care Health Consultation Program

IMMUNIZATIONS AND CHILD CARE

PRETEST

LEARNING OBJECTIVES

- Understand the importance of immunizations
- Responsibility of child care facilities
- Ability to review immunization records for age appropriate compliance
- Identify reliable resources for immunization education

WHY IMMUNIZE?

IMMUNIZATIONS ARE IMPORTANT FOR EVERYONE

- ❖ To prevent disease
- ❖ To protect health
- ❖ To eliminate contagious diseases
- ❖ To prevent further victims of preventable diseases

IMMUNIZATION REQUIREMENTS FOR CHILD CARE & PRESCHOOL 2013-14

- ✕ DTaP
- ✕ Haemophilus Influenzae type B (Hib)
- ✕ Pneumococcal (PCV)
- ✕ Hepatitis B (Hep B)
- ✕ Polio (IPV)
- ✕ Measles, Mumps, Rubella (MMR)
- ✕ Varicella (Chicken Pox)

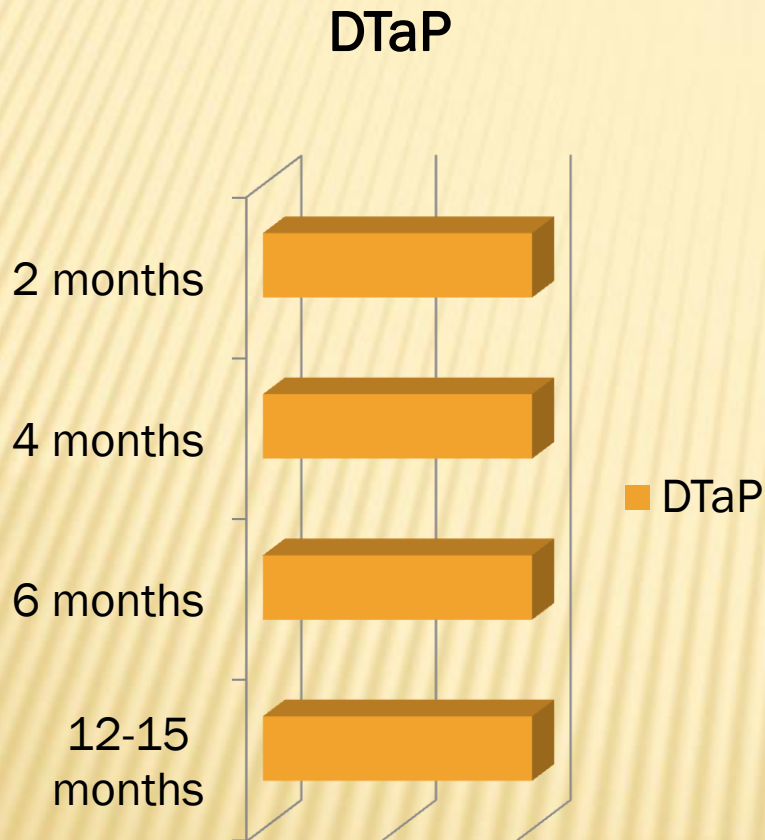
DIPHTHERIA, TETANUS & ACELLULAR PERTUSSIS (DTAP)

Diphtheria—bacteria lives in the mouth, throat, and nose of an infected person. Spread to others by coughing and sneezing

Tetanus (Lockjaw) – infection caused by a bacteria that lives in soil and in the intestines of many animals. The bacteria enters the body through cuts or wounds.

Pertussis (Whooping Cough)– Highly infectious bacteria that causes severe coughing

DTaP IMMUNIZATION SCHEDULE

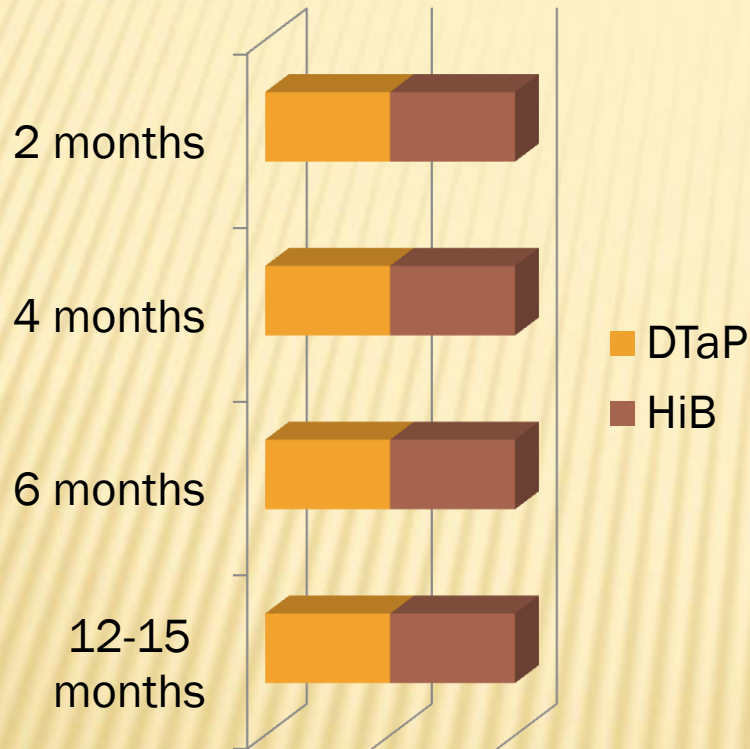


- The recommended schedule for DTaP is 2 mo, 4 mo, 6 mo, 12-18 mo, and 4 to 6 years
- Infants do not start the series until 2 months of age and may not be fully protected until they receive the 3rd and 4th dose
- There should be **6 months** from the 3rd dose to the 4th dose

HAEMOPHILUS INFLUENZA TYPE B (HIB)

- ✖ Most often strikes children under the age of 5
- ✖ Before vaccine was developed, leading cause of bacterial meningitis infections in this age group
- ✖ Germs are carried in the nose and throat
- ✖ Easily spread, life threatening

HIB IMMUNIZATION SCHEDULE



- Recommended schedule:
2 mo, 4 mo, 6 mo, and 12-15 mo

- Depending on vaccine manufacturer, ACIP recommends 3-4 doses by age 2 years

- Catch up schedule requires attention (next slide)

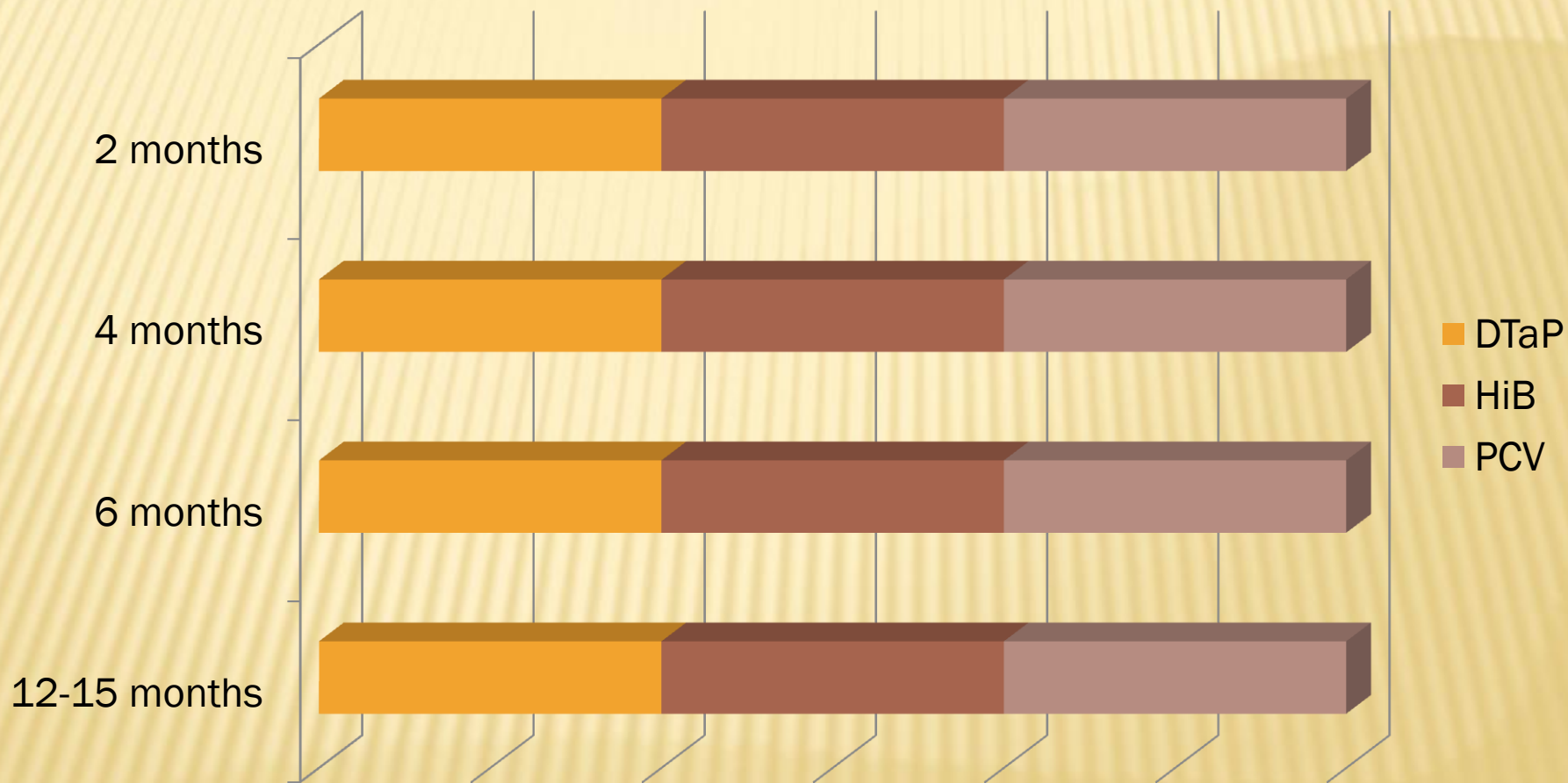
HIB CATCH UP SCHEDULE

VACCINE REQUIRED FOR PRESCHOOL AND CHILD CARE	# DOSES REQUIRED BY AGE 3 MONTHS	# DOSES REQUIRED BY AGE 5 MONTHS	# DOSES REQUIRED BY AGE 7 MONTHS	# DOSES REQUIRED BY AGE 19 MONTHS & OLDER	SPACING REQUIREMENTS: IF VACC IS GIVEN 4 DAYS EARLY, CHILD IS CONSIDERED ADEQUATELY IMMUNIZED
HIB	1	1	2	<div>3 →</div> <div>2 →</div> <div>1 →</div>	<ul style="list-style-type: none"> • 3 DOSES WITH FINAL DOSE ON OR AFTER 12 MONTHS OF AGE; OR • 2 DOSES WITH 1 DOSE ON OR AFTER 12 MONTHS OF AGE; OR • 1 DOSE ON OR AFTER 12 MONTHS OF AGE; OR • IF CURRENT AGE IS 5 YR OR OLDER, NO NEW OR ADDITIONAL DOSES REQUIRED

PNEUMOCOCCAL (PCV)

VACCINE REQUIRED FOR PRESCHOOL AND CHILD CARE	# DOSES REQUIRED BY AGE 3 MONTHS	# DOSES REQUIRED BY AGE 5 MONTHS	# DOSES REQUIRED BY AGE 7 MONTHS	# DOSES REQUIRED BY AGE 19 MONTHS & OLDER	SPACING REQUIREMENTS: IF VACC IS GIVEN 4 DAYS EARLY, CHILD IS CONSIDERED ADEQUATELY IMMUNIZED
PCV (PNEUMO- COCCAL CONJUGATE, PREVNAR)	1	2	3	<div>4 →</div> <div>3 →</div> <div>2 →</div> <div>1 →</div>	<ul style="list-style-type: none"> • 4 DOSES WITH 4TH DOSE ON OR AFTER 12 MONTHS OF AGE; OR • 3 DOSES WITH 1 DOSE ON OR AFTER 12 MONTHS OF AGE; OR • 2 DOSES ON OR AFTER 12 MONTHS OF AGE; OR • 1 DOSE ON OR AFTER 24 MONTHS OF AGE; OR • IF CURRENT AGE IS 5 YR OR OLDER, NO NEW OR ADDITIONAL DOSES REQUIRED

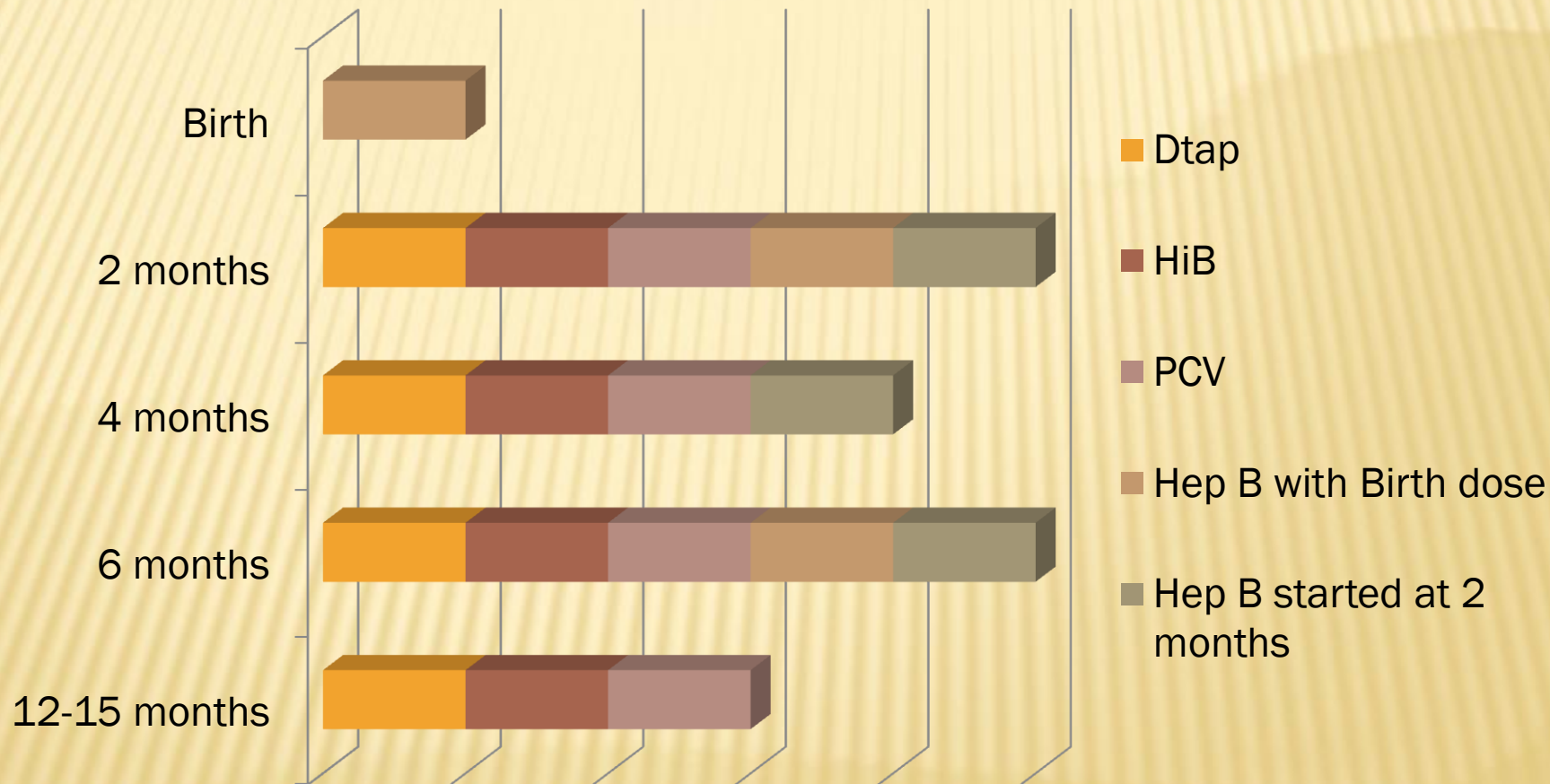
PNEUMOCOCCAL (PCV)



HEPATITIS B (HEP B)

- ✖ Illness causes severe diarrhea and vomiting, fatigue, loss of appetite, and yellowing of skin and mucous membranes (eyes)
- ✖ Leads to serious liver disease, including liver cancer (2nd most common cause worldwide)
- ✖ Newborns can be infected if mother is infected, or through contact with blood and other body fluids
- ✖ Completed vaccination will protect for life

HEP B IMMUNIZATION SCHEDULE



HEP B DOSE SPACING

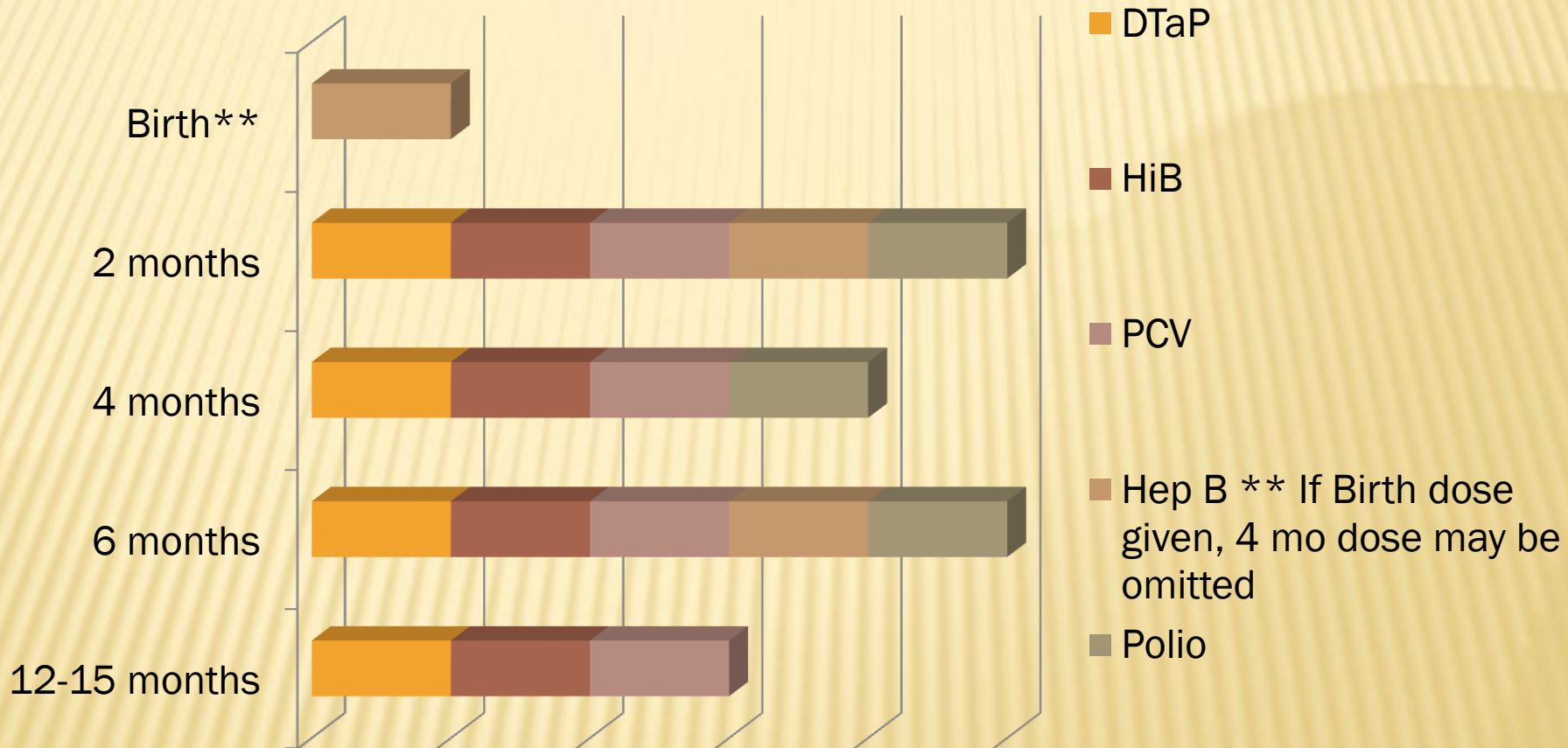
Dose 1 and 2	At least 4 weeks between
Dose 2 and 3	At least 8 weeks between
Dose 1 and 3	At least 16 weeks between. Dose 3 <u>must be</u> on or after child is 24 weeks (6 months) of age

NOTE: DATE OF BIRTH DOSE MUST BE RECORDED. "BIRTH" IS NOT AN ACCEPTABLE ENTRY ON THE RECORD PER STATE LAW.

POLIO (IPV)

- ✗ Caused by virus that lives in intestinal tract
- ✗ Spread by contact with feces (ex: diapering, poor sanitation)
- ✗ No cure for the disease
- ✗ Appears as a mild cold-like illness, but is potentially crippling, can lead to paralysis and death
- ✗ In the 1940's nearly 35,000 people in the US contracted polio
- ✗ By 1979, the US was free of polio thanks to vaccination efforts
- ✗ Still present in many poorer countries outside the US
- ✗ President Franklin D. Roosevelt was paralyzed by polio

POLIO IMMUNIZATION SCHEDULE



Recommended schedule: 2 mo, 4 mo, 6-18 mo, and 4-6 years

Child entering Kindergarten must have and IPV on or after their 4th birthday

MEASLED, MUMPS, RUBELLA (MMR)

✗ Measles:

- + Highly contagious; caused by virus; 1 in 20 will get pneumonia; 1 or 2 in 1,000 will die
- + high fever, rash, cough, runny nose, eye irritation

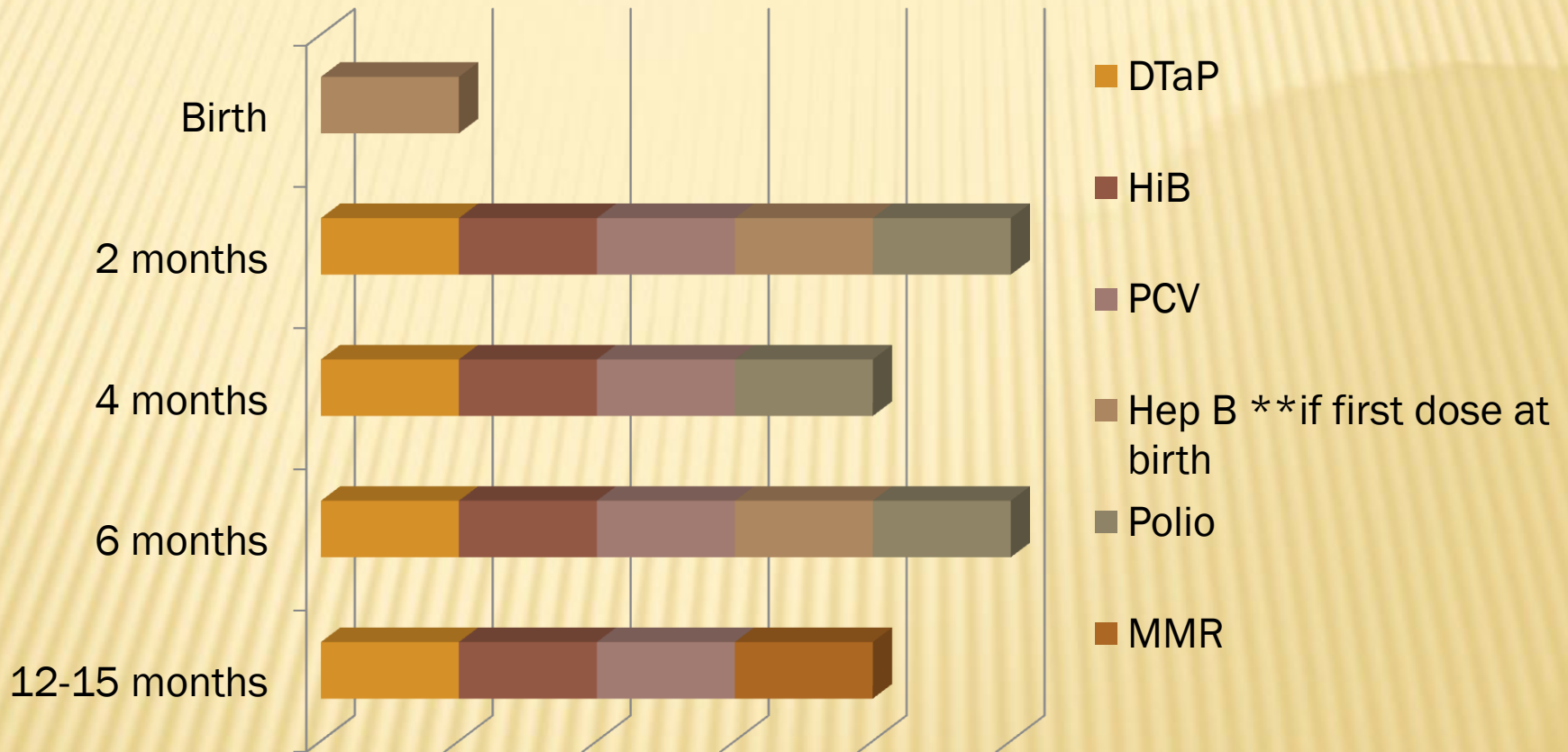
✗ Mumps:

- + Also caused by virus
- + fever, headache, swelling of jaw and salivary glands

✗ Rubella (German Measles):

- + Viral; low fever, rash on face and neck for 2 or 3 days
- + Causes birth defects if passed to pregnant women

MMR IMMUNIZATION SCHEDULE



Recommended schedule: 12-15 mo and 4-6 years

MMR **MUST** be given on or after the child's 1st birthday with booster *usually* on or after 4th birthday

VARICELLA (CHICKEN POX)

- ✖ Produces skin rash of blister-like lesions normally seen on face and body
- ✖ The lesions (blisters) can develop in other parts of the body, such as lungs, esophagus
- ✖ Other complications can include skin infections, scarring, pneumonia, brain damage
- ✖ Before vaccine, about 11,000 people hospitalized and 100 deaths annually

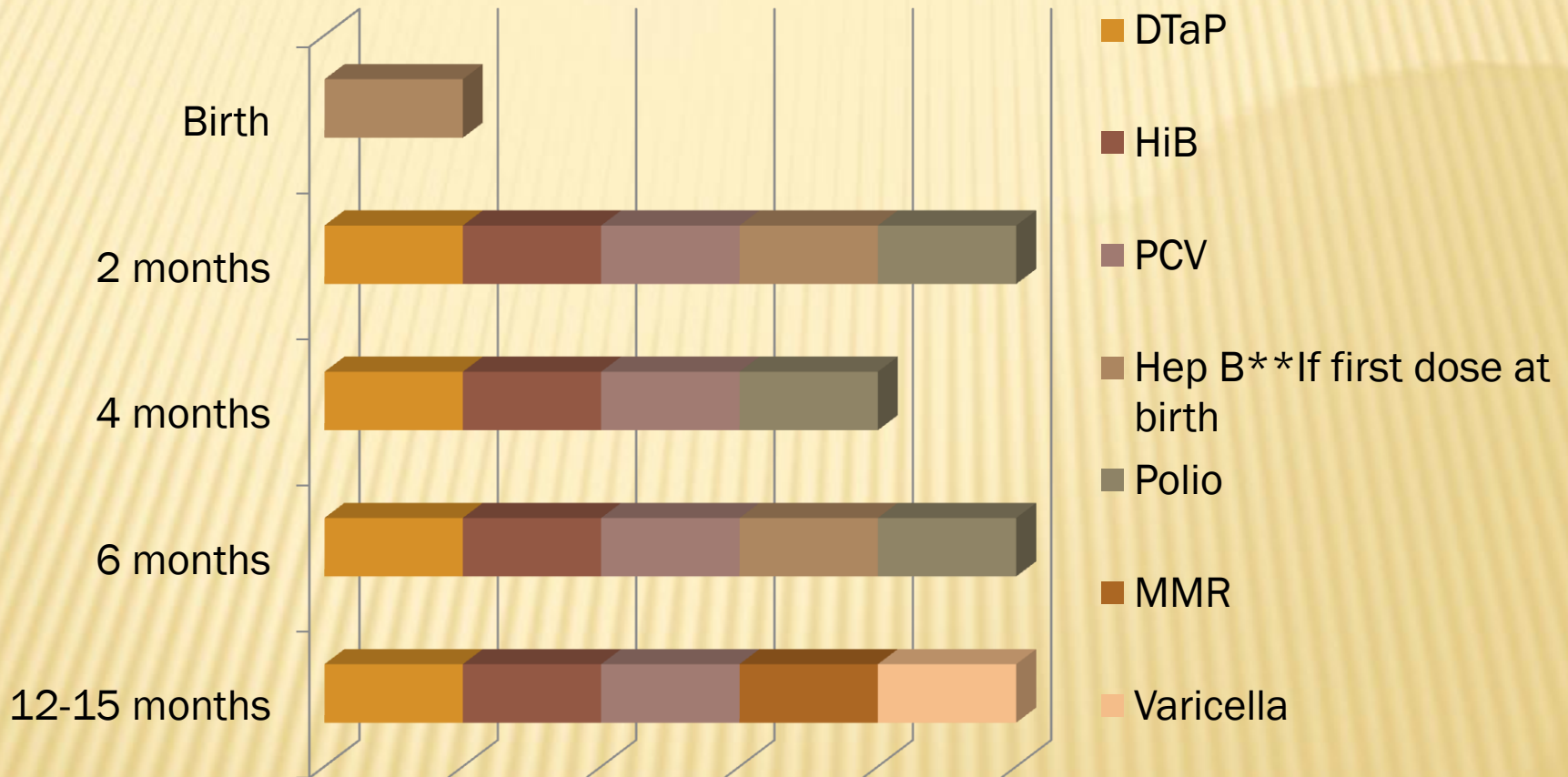
VARICELLA (CON'T)

RULE CHANGE:

As of July 1, 2010, parental/guardian statements no longer accepted as satisfactory evidence of disease

Must have signed statement from MD or DO with month and year of disease on file at facility

VARICELLA IMMUNIZATION SCHEDULE



Recommended: given at 12-15 months and at 4-6 years

MUST be given on or after child's 1st birthday, booster USUALLY given on or after 4th birthday

IMMUNIZATIONS RECOMMENDED BY ACIP

These vaccinations are **recommended** by the Advisory Committee on Immunization Practices (ACIP) but are **not required**:

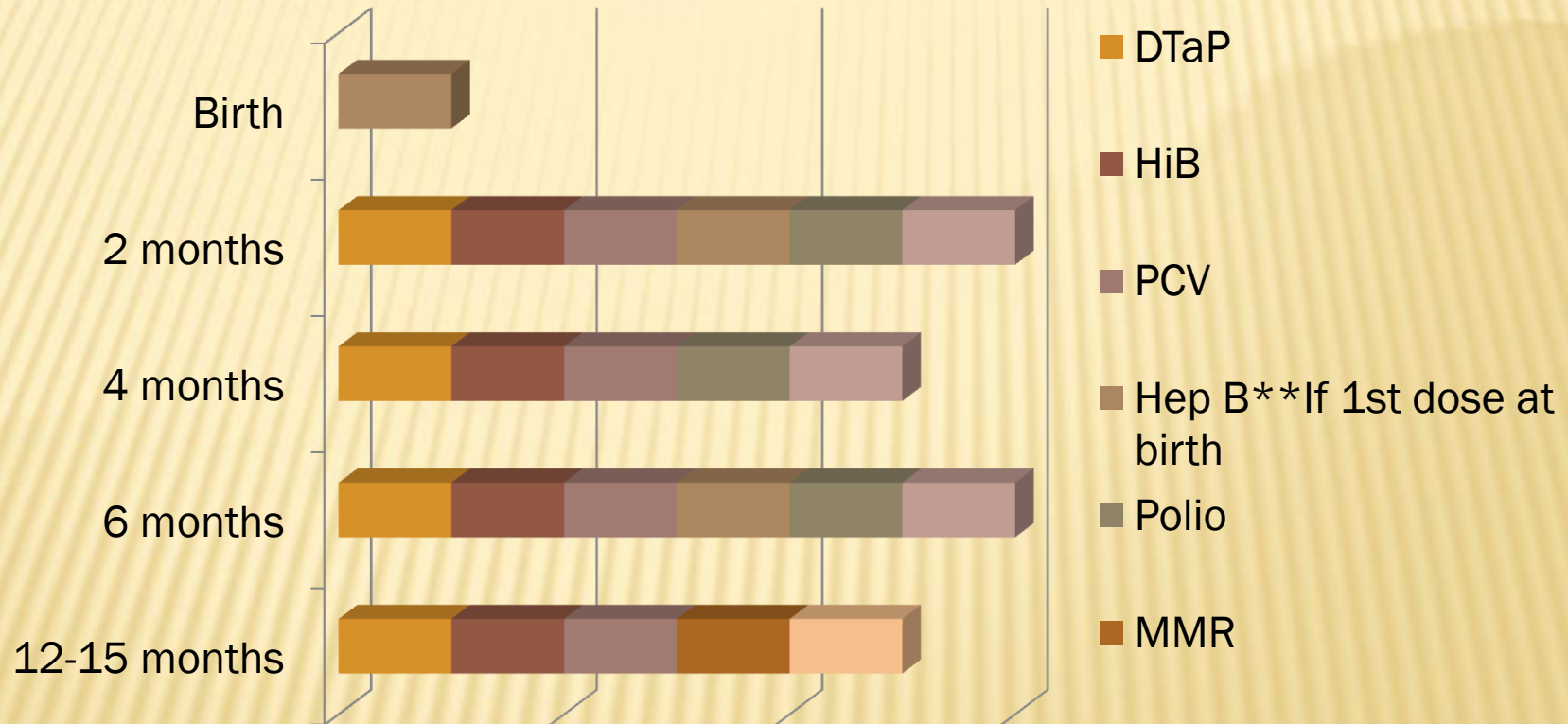
- ✗ Rotavirus (RV)
- ✗ Hepatitis A (Hep A)
- ✗ Influenza (Flu)

Not required, but still VERY IMPORTANT

ROTAVIRUS (RV)

- ✗ Virus causes severe diarrhea, and sometimes vomiting and fever
- ✗ Transmitted by children who are infected to other children
- ✗ Leads to severe dehydration, often hospitalization (70,000/year), and sometimes death
- ✗ Unimmunized children will probably have at least one infection by age 5
- ✗ Occurs most often in winter and spring, with most infections occurring between November and May

ROTAVIRUS (RV) IMMUNIZATION SCHEDULE



RV is given by mouth, not injection; 3 dose schedule completed before age 32 wks

Recommended: 2 mo, 4 mo, & 6 mo

Should not give RV after 32 weeks of age regardless of where they are in series

Should not start RV for infants 15 weeks or older

HEPATITIS A (HEP A)

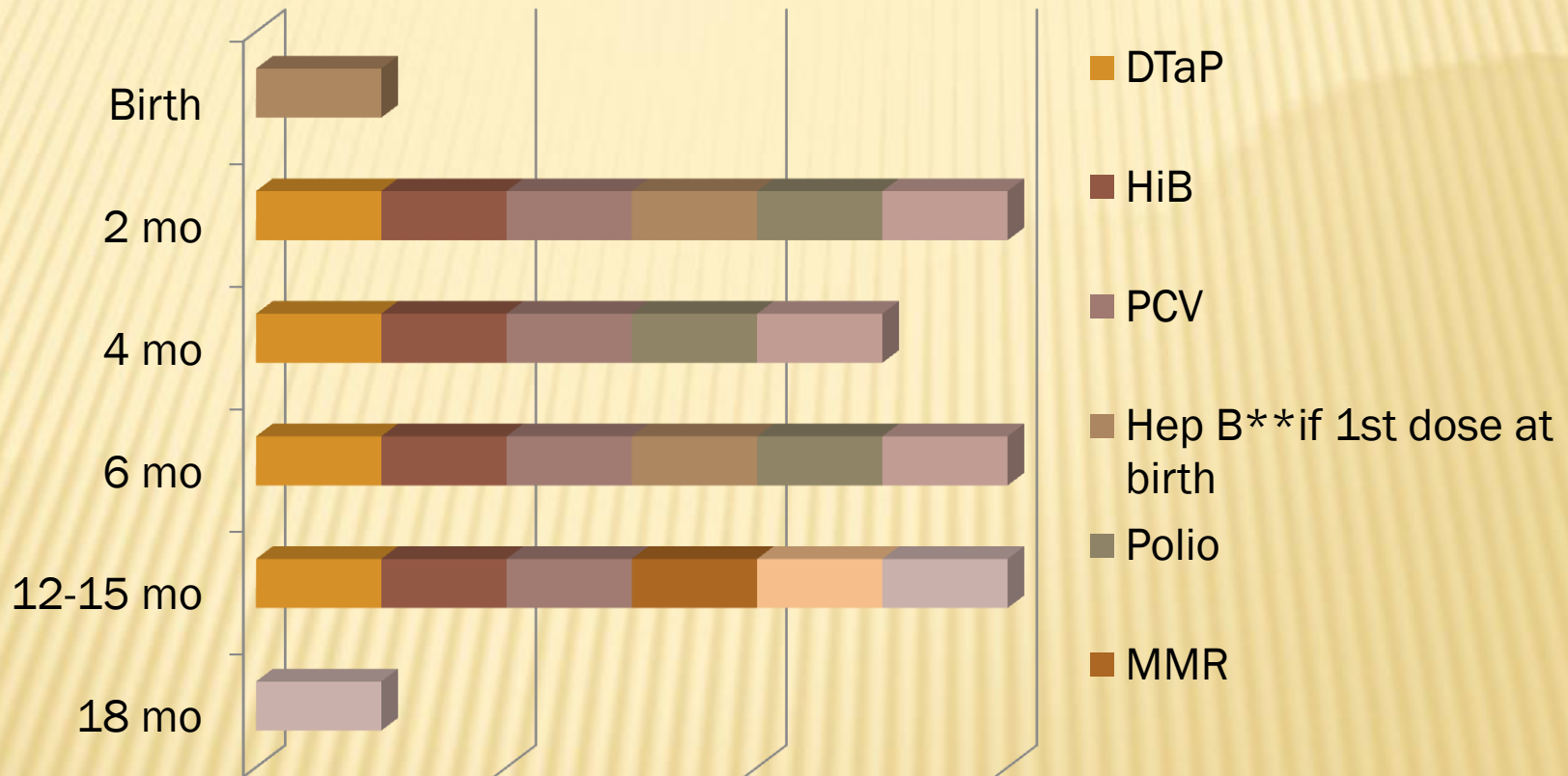
- ✖ Virus causes an infection that damages the liver
- ✖ Causes stomach pain, fatigue, loss of appetite, jaundice (yellowing of skin/eyes)
- ✖ Can have/shed virus and not show signs of illness
- ✖ Spread through close contact or eating food, drinking contaminated water

HEPATITIS A (CON'T)

Examples of how Hepatitis A is spread:

- ✗ Infected persons not practicing good hand washing after using bathroom
- ✗ Eating food prepared by infected person
- ✗ Drinking untreated water or eating food prepared with untreated water
- ✗ Placing objects in mouth that have been in contact with virus
- ✗ Close personal contact with infected person (diapering, cleaning soiled linens)

HEPATITIS A IMMUNIZATION SCHEDULE



Recommended: dose at 12-23 months followed with booster dose 6 months after 1st dose

INFLUENZA (FLU)

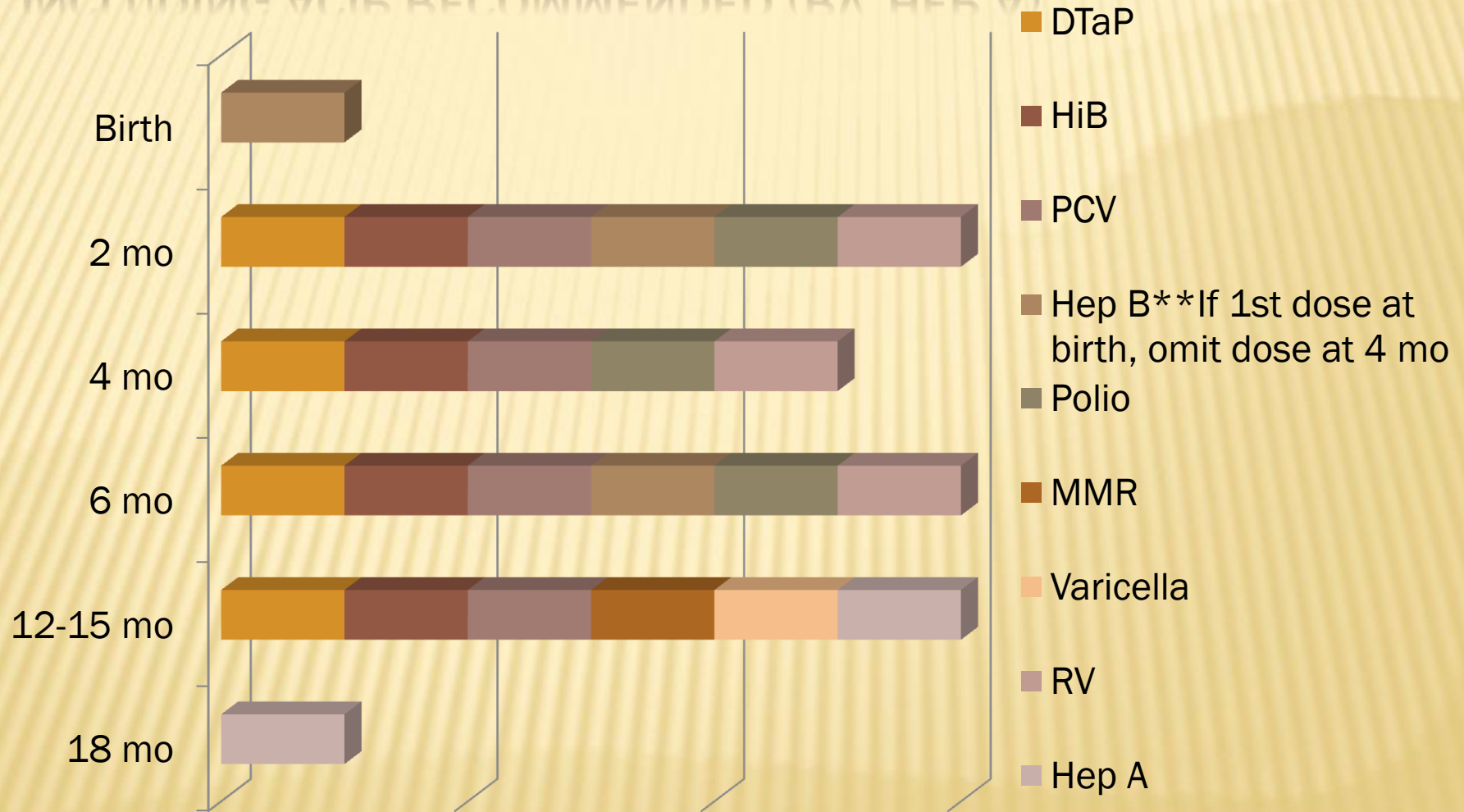
- ✗ Virus causes sudden onset of fever, chills, muscle aches, cough, sore throat, and headache
- ✗ Can be mild, but usually severe, and can even lead to death (especially among most vulnerable)
- ✗ Complications include pneumonia
- ✗ Children under 5 years old often require medical care
- ✗ Severe complications most common in children under 2 years old

INFLUENZA (FLU) IMMUNIZATION

- ✗ Vaccine is updated annually
- ✗ Take each year as soon as is available
- ✗ Vaccine takes 14-21 days to be fully protected
- ✗ Recommended for ALL persons age 6 months and older
- ✗ Important that caregivers take annual vaccine

COMPLETE IMMUNIZATION SCHEDULE

INCLUDING ACIP RECOMMENDED (RV, HEP A)



ANNUAL FLU SHOT RECOMMENDED EVERY YEAR 6 MO & OLDER

IMMUNIZATION SCHEDULE AFTER AGE 18 MONTHS

Age 4 – 6 years	Age 11-12 years	Every year
DTaP	Tdap	Flu shot (6 mo & older)
Polio	MCV	
MMR	HPV	
Varicella		

DAY CARE IMMUNIZATION RULE

DAYCARE IMMUNIZATION RULE

19 CSR 20-28.040

- (1) As mandated by Missouri Revised Statutes section 210.003, the administrator of each public, private, or parochial day care center, preschool, or nursery school caring for ten (10) or more children shall have a record prepared showing the immunization status of every child enrolled in or attending a facility under the administrator's jurisdiction.
- (2) No child shall enroll in or attend a public, private, or parochial day care center, preschool, or nursery school caring for ten (10) or more children unless the child has been adequately immunized according to this rule.

OTHER CITATIONS IN RULE

19 CSR 30- 62.192 (4)	Licensing Rules for Group Child Care Homes and Child Care Centers	No child shall be permitted to enroll in or attend any day care facility caring for ten (10) or more children unless the child has been immunized adequately against vaccine preventable childhood illnesses specified by the department in accordance with recommendations of the Immunization Practices Advisory Committee (ACIP)
19 CSR 30- 61.185 (4)	Licensing Rules for Family Day Care Homes	Same as above
19 CSR 30- 60.060 (3)	License Exempt Child Care Facilities	Child care facilities shall meet immunization requirements for children as defined by section 210.003, RSMo.

OPTIONS / EXEMPTIONS TO IMMUNIZATION RULE

MEDICAL EXEMPTION

- ✖ May be exempted for **medical** reason
- ✖ Must have on file Medical Exemption card signed by licensed MD or DO (DHSS Form Imm.P.12)
- ✖ Does not have to be renewed annually
- ✖ Unimmunized children are subject to exclusion from child care facilities during outbreaks of vaccine-preventable diseases

PARENT / GUARDIAN EXEMPTION

- ✘ One parent may file written objection with day care administrator
- ✘ MUST be on DHSS Form Imm.P.11 & filed with immunization record
- ✘ MUST be renewed annually
- ✘ Unimmunized children are subject to exclusion from child care facilities during outbreaks of vaccine-preventable disease

IN PROGRESS

- ✖ 'In Progress' means vaccine series is begun and next dose appointment is scheduled
- ✖ Failing to keep appointments equals noncompliance with the law, and child shall be excluded immediately
- ✖ May enroll if satisfactory evidence shows child has begun immunizations
- ✖ May continue to attend so long as progress is according to DHSS requirements
- ✖ Properly completed & updated In Progress card MUST be on file

IMMUNIZATION RECORD REVIEW

ANNUAL CHILD CARE SURVEY

- ✘ Missouri Revised Statutes (RsMo) Section 210.003 requires **ALL** children (including any relatives of child care provider) attending public, private, parochial day care centers, preschools or nursery schools caring for ten (10) or more children to be adequately immunized, in the process of being immunized, or to have a parental or medical exemption card on file.
- ✘ Law also requires **ALL** public, private, parochial day care centers, preschools or nursery schools to submit an annual summary report providing information on the immunization status of attendees.
- ✘ **Completed report due** (to Mo Dept of Health & Senior Services—Bureau of Immunization Assessment and Assurance) by **January 15**.

FAILURE TO SUBMIT THE ANNUAL SUMMARY REPORT IS A RULE VIOLATION PER THE SECTION FOR CHILD CARE REGULATIONS.

Aggregate data collected from the annual child care survey is reported to the CDC. Data from the report also helps DHSS prevent possible disease outbreaks

IMMUNIZATION RECORD REVIEW

Immunization Record #1

Missouri Department of Health and Senior Services

Child's Name (Last, First, MI)

Date of Birth

Winter, Wendy

12/22/2011

Dose	Dates Given					
	1	2	3	4	5	6
DTaP	2/22/2012	4/22/2012	6/22/2012	3/25/2013		
Hib	2/22/2012	4/22/2012	6/22/2012	3/25/2013		
Polio	2/22/2012	4/22/2012	6/22/2012			
Hepatitis B	12/22/2011	2/22/2012	6/22/2012			
MMR	12/27/2012					
Varicella	12/27/2012					
Pneumococcal	2/22/2012	4/22/2012	6/22/2012	3/25/2013		
Hepatitis A						
Influenza						
Other						

Name of Physician or Recognized Health Facility (Please Print or Type:)

Dr. Marty Brown

IMMUNIZATION RECORD REVIEW

Immunization Record #2

Missouri Department of Health and Senior Services

Child's Name (Last, First, MI)

Date of Birth

Snowflake, Susie

3/4/2013

Dose	Dates Given					
	1	2	3	4	5	6
DTaP	5/4/2013	7/10/2013	9/15/2013			
Hib	5/4/2013	7/10/2013	9/15/2013			
Polio	5/4/2013	7/10/2013	9/15/2013			
Hepatitis B	3/4/2013	5/4/2013	7/10/2013			
MMR						
Varicella						
Pneumococcal	5/4/2013	7/10/2013	9/15/2013			
Hepatitis A						
Influenza	9/15/2013					
Other						

Name of Physician or Recognized Health Facility (Please Print or Type:)

Dr. Patricia Love

IMMUNIZATION RECORD REVIEW

Immunization Record #3

Missouri Department of Health and Senior Services

Child's Name (Last, First, MI)

Date of Birth

Ryan, Jack

6/6/2011

Dose	Dates Given					
	1	2	3	4	5	6
DTaP	8/6/2011	10/15/2011	12/15/2011	9/16/2012		
Hib	8/6/2011	10/15/2011	12/15/2011	9/16/2012		
Polio	8/6/2011	10/15/2011	12/15/2011			
Hepatitis B	8/6/2011	10/15/2011	5/30/2012			
MMR	5/30/2012					
Varicella	5/30/2012					
Pneumococcal	8/6/2011	10/15/2011	12/15/2011	9/16/2012		
Hepatitis A						
Influenza	12/15/2011	1/15/2012				
Rotavirus	8/6/2011	10/15/2011				

Name of Physician or Recognized Health Facility (Please Print or Type:)

Dr. LeRoy Leighton

IMMUNIZATION RECORD REVIEW

Immunization Record #4

Missouri Department of Health and Senior Services

Child's Name (Last, First, MI)

Date of Birth

Johns, Tayllour

11/15/2011

Dose	Dates Given					
	1	2	3	4	5	6
DTaP	1/18/2012	3/20/2012	5/20/2012			
Hib	1/18/2012	3/20/2012	5/20/2012			
Polio	1/18/2012	3/20/2012	5/20/2012			
Hepatitis B	11/15/2011	1/28/2012				
MMR						
Varicella						
Pneumococcal	1/18/2012	3/20/2012	5/20/2012			
Hepatitis A						
Influenza	9/8/2012	10/8/2012				
Rotavirus	1/18/2012	3/20/2012	5/20/2012			

Name of Physician or Recognized Health Facility (Please Print or Type:)

IMMUNIZATION RECORD REVIEW

Immunization Record #5

Missouri Department of Health and Senior Services

Child's Name (Last, First, MI)

Date of Birth

Settle, Lindsay Renae

1/8/2010

Dose	1	2	3	4	5	6
DTaP	3/10/2010	5/11/2010	7/11/2010	7/12/2011		
Hib	3/10/2010	5/11/2010	7/11/2010	7/12/2011		
Polio	3/10/2010	5/11/2010	7/11/2010			
Hepatitis B	3/10/2010	5/11/2010	2/10/2011			
MMR	2/10/2011					
Varicella	2/10/2011					
Pneumococcal						
Hepatitis A	2/10/2011					
Influenza	10/5/2010	11/6/2010				
Rotavirus						

Name of Physician or Recognized Health Facility (Please Print or Type:)

Dr. Debbie Doolittle

IMMUNIZATION RECORD REVIEW

Immunization Record #6

Missouri Department of Health and Senior Services

Child's Name (Last, First, MI)

Date of Birth

Roberts, Patrick

8/9/2010

Dose	Dates Given					
	1	2	3	4	5	6
DTaP	10/9/2010	12/15/2010	2/20/2011			
Hib	10/9/2010	12/15/2010	2/20/2011			
Polio	10/9/2010	12/15/2010	2/20/2011			
Hepatitis B	10/9/2010	12/15/2010	4/20/2011			
MMR	9/9/2011					
Varicella	9/9/2011					
Pneumococcal						
Hepatitis A						
Influenza	9/30/2012	11/2/2012				
Rotavirus	10/9/2010	12/15/2010	2/20/2011			

Name of Physician or Recognized Health Facility (Please Print or Type:)

Dr. Virginia Brown

IMMUNIZATION RECORD REVIEW

Immunization Record #7

Missouri Department of Health and Senior Services

Child's Name (Last, First, MI)

Date of Birth

Brooks, August

9/15/2009

Dose						
	1	2	3	4	5	6
DTaP	6/29/2011	9/1/2011	11/9/2011	6/16/2012		
Hib	6/16/2012					
Polio	6/29/2011	9/1/2011	11/9/2011			
Hepatitis B	6/29/2011	9/1/2011	11/9/2011			
MMR	6/29/2011					
Varicella	6/29/2011					
Pneumococcal	6/16/2012					
Hepatitis A						
Influenza						
Rotavirus						

Name of Physician or Recognized Health Facility (Please Print or Type:)

Dr. Kathy Rush

IMMUNIZATION RECORD REVIEW

Immunization Record #8

Missouri Department of Health and Senior Services

Child's Name (Last, First, MI)

Date of Birth

Dunbar, Thomas

12/15/2011

Dose	Dates Given					
	1	2	3	4	5	6
DTaP	2/15/2012	4/21/2012	6/20/2012			
Hib	2/15/2012	4/21/2012	6/20/2012			
Polio	2/15/2012	4/21/2012	6/20/2012			
Hepatitis B	12/16/2011	2/15/2012	6/20/2012			
MMR						
Varicella						
Pneumococcal	2/15/2012	4/21/2012	6/20/2012			
Hepatitis A						
Influenza	10/10/2012	11/12/2012				
Rotavirus	2/15/2012	4/21/2012	6/20/2012			

Name of Physician or Recognized Health Facility (Please Print or Type:)

Dr. Doug Little

IMMUNIZATION RECORD REVIEW

Immunization Record #9

Missouri Department of Health and Senior Services

Child's Name (Last, First, MI)

Date of Birth

Holiday, Lukkas Ryan

2/27/2011

Dose	Dates Given					
	1	2	3	4	5	6
DTaP	5/7/2011	7/13/2011	8/27/2011	4/28/2013		
Hib	5/7/2011	7/13/2011	8/27/2011	4/28/2013		
Polio	5/7/2011	7/13/2011	8/27/2011			
Hepatitis B	4/16/2011	7/13/2011	8/27/2011			
MMR	4/28/2012					
Varicella	4/28/2012					
Pneumococcal	5/7/2011	7/13/2011	8/27/2011	4/11/2012		
Hepatitis A	4/11/2012					
Influenza						
Other						

Name of Physician or Recognized Health Facility (Please Print or Type:)

Dr. Matt McCall

IMMUNIZATION RECORD REVIEW

Immunization Record #10

Missouri Department of Health and Senior Services

Child's Name (Last, First, MI)

Date of Birth

Gonzalez, Carrie Anne

6/5/2011

Dose	Dates Given					
	1	2	3	4	5	6
DTaP	8/7/2011	10/18/2011	12/20/2011	7/31/2012		
Hib	8/7/2011	10/18/2011	12/20/2011			
Polio	8/7/2011	10/18/2011	12/20/2011			
Hepatitis B	8/7/2011	10/18/2011	12/20/2011			
MMR	parents say they do not want Carrie to receive					
Varicella	7/31/2012					
Pneumococcal	8/7/2011	10/18/2011	12/20/2011	7/31/2012		
Hepatitis A						
Influenza						
Rotavirus	8/7/2011	10/18/2011	12/20/2011			

Name of Physician or Recognized Health Facility (Please Print or Type:)

Dr. Sam Moffett

IMMUNIZATION RECORD REVIEW

Immunization Record #11

Missouri Department of Health and Senior Services

Child's Name (Last, First, MI)

Date of Birth

Martin, Alex

7/11/2009

Dose	Dates Given					
	1	2	3	4	5	6
DTaP	9/11/2009	11/13/2009	1/23/2010	10/15/2010		
Hib	7/12/2010	1/15/2011				
Polio	9/11/2009	11/13/2009	1/23/2010			
Hepatitis B	7/13/2009	9/11/2009	1/23/2010			
MMR	7/15/2010					
Varicella	7/15/2010					
Pneumococcal						
Hepatitis A	7/15/2010	1/15/2011				
Influenza						
Other						

Name of Physician or Recognized Health Facility (Please Print or Type:)

Dr. Susie Sunshine

IMMUNIZATION RECORD REVIEW

Immunization Record #12

Missouri Department of Health and Senior Services

Child's Name (Last, First, MI)

Date of Birth

Apple, Candy

12/12/2011

Dose	Dates Given					
	1	2	3	4	5	6
DTaP	3/5/2012	5/14/2012	7/16/2012			
Hib	3/5/2012	5/14/2012	7/16/2012			
Polio	3/5/2012	5/14/2012	7/16/2012			
Hepatitis B	12/13/2011	3/5/2012	5/14/2012	7/16/2012		
MMR						
Varicella						
Pneumococcal	3/5/2012	5/14/2012	7/16/2012			
Hepatitis A						
Influenza	10/5/2012	11/6/2012				
Rotavirus	3/5/2012	5/14/2012	7/16/2012			

Name of Physician or Recognized Health Facility (Please Print or Type:)

Dr. Robert Logan

IMMUNIZATION RECORD REVIEW

Immunization Record #13

Missouri Department of Health and Senior Services

Child's Name (Last, First, MI)

Date of Birth

Reynolds, Mattie

3/26/2013

Dose	Dates Given					
	1	2	3	4	5	6
DTaP	5/28/2013	7/31/2013				
Hib	5/28/2013	7/31/2013				
Polio	5/28/2013	7/31/2013				
Hepatitis B	3/26/2013	5/28/2013	7/31/2013			
MMR						
Varicella						
Pneumococcal	5/28/2013	7/31/2013				
Hepatitis A						
Influenza						
Rotavirus	95/28/13	7/31/2013				

Name of Physician or Recognized Health Facility (Please Print or Type:)

Dr. Lex Luger

IMMUNIZATION RECORD REVIEW

Immunization Record #14

Missouri Department of Health and Senior Services

Child's Name (Last, First, MI)

Date of Birth

Evans, Sarah Elizabeth

5/1/2012

Dose	Dates Given					
	1	2	3	4	5	6
DTaP	7/28/2012	10/3/2012				
Hib						
Polio	7/28/2012	10/3/2012				
Hepatitis B	5/2/2012	7/28/2012	10/3/2012			
MMR						
Varicella						
Pneumococcal						
Hepatitis A						
Influenza						
Rotavirus						

Name of Physician or Recognized Health Facility (Please Print or Type:)

Dr. Betty Cheerful

WRAP UP AND RESOURCES

REVIEW

- ✖ Importance of pediatric vaccinations
- ✖ Importance of adults completing all of their recommended vaccinations
- ✖ Rules and statutes
- ✖ Immunization timing schedule/catch up schedule
- ✖ Forms
- ✖ Sample parent letters

PROVIDER TIPS

- ✖ Keep yourself and staff up to date on vaccinations
- ✖ Know rules and statutes
- ✖ Know and post current immunization schedules in facility
- ✖ Use recommended forms (Imm.P32) for ease of review
- ✖ Conduct reviews monthly
- ✖ Set high standards
- ✖ Develop a policy
- ✖ Educate & inform parents about the VFC program
- ✖ Know and have available additional information for parents
- ✖ Call your local public health department with any questions

SCREENING TOOL

Day Care Screening Tool - Child Care Facilities 10-13.pdf - Adobe Reader

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Missouri Child Care and Preschool Immunization Requirements Screening Tool

Many Missouri children receive vaccines based on the recommended schedule from the Advisory Committee on Immunization Practices (ACIP), ensuring that children are well protected against vaccine-preventable diseases. This chart is a basic screening tool for child care providers to determine which vaccines children in care need to have in order to be in compliance with state immunization requirements. There may be some additional spacing requirements not included on this basic screening tool.

STEP 1: Determine child's age.

STEP 2: Review the immunization requirements for the child's age.

STEP 3: Count the number of doses required for each vaccine category.

STEP 4: Check dose and spacing on children **19 months and older**.

STEP 5: If a Parent/Guardian Exemption is on file; ensure it reflects the current year.

STEP 6: If an In progress card is on file, check the due date for the next dose. Due to the spacing requirements of the vaccine series, this appointment must be kept. If the appointment is **not** kept the child is no longer in progress and is noncompliant.

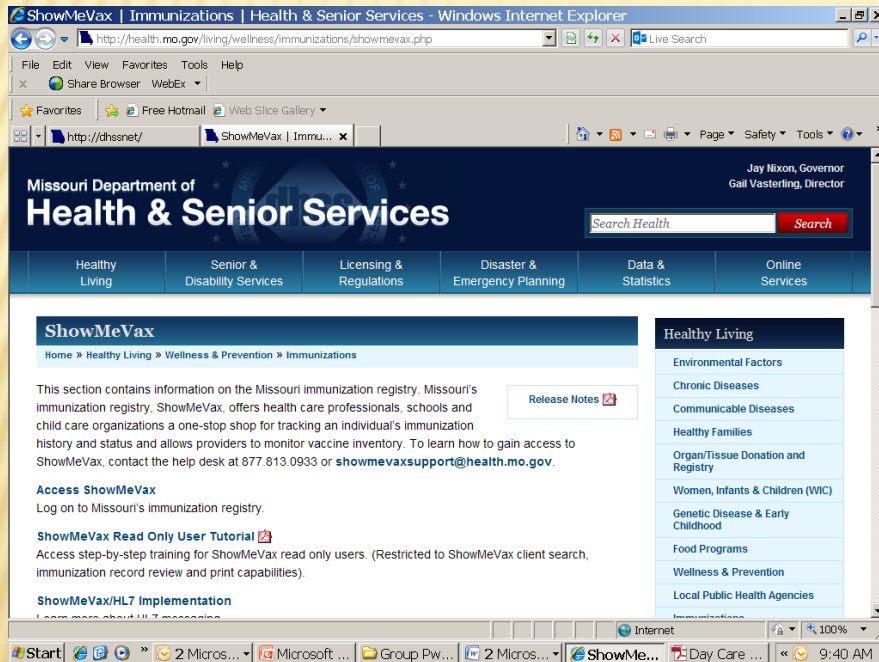
VACCINES REQUIRED FOR CHILD CARE AND PRESCHOOL ATTENDANCE	DOSES REQUIRED BY THE TIME THE CHILD IS				SPACING REQUIREMENTS If the vaccine is given 4 days early, the child is considered adequately immunized.
	3 MONTHS	5 MONTHS	7 MONTHS	19 MONTHS AND OLDER	
DTaP/DT	1	2	3	4	At least 6 months between doses 3 and 4.
IPV (Polio)	1	2	2	3	
Hib	1	1	2	3 → 2 → 1 →	<ul style="list-style-type: none"> 3 doses with final dose on or after 12 months of age; or 2 doses with 1 dose on or after 12 months of age; or 1 dose on or after 12 months of age; or

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RESOURCES

- ✖ Child Care Health Consultants (local public health agency)
- ✖ DHSS Immunization program representatives
- ✖ <http://www.dhss.mo.gov/living/wellness/immunizations>
- ✖ www.cdc.gov/vaccines
- ✖ www.immunize.org
- ✖ www.aap.org
- ✖ www.pkids.org
- ✖ www.vaccinateyourbaby.org
- ✖ www.ecbt.org

SHOW ME VAX



- ✗ Link:
<http://health.mo.gov/living/wellness/immunizations/showmevax.php>
- ✗ Child Care Providers may access with read only privileges
- ✗ showmevaxsupport@health.mo.gov

POST TEST

QUESTIONS?????
